

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

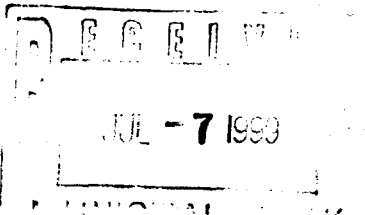
RE: CLAIM FOR DAMAGES

Reeves
07/16/99

Today's Date:

7-4-99 *Dr*

Dear Municipal Clerk:



07-07-99 05:15 RCVD

ENTERED - 7-21-99 - SB
99L0447 - MIKE REEVES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 6/16/99 2. Time of Incident: 545 3. Police called: Yes ☒ No

4. Location of incident (including street address): Bank Head Hwy and N. Grand

5. Name of your insurance company: _____ Policy No. _____

6. State what and how incident occurred: _____

Traveling on Bank Head Hwy, a two lane Rd
There was traffic in the other lane, & could not
Avoid the pot hole, which was on the right hand Ln.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: LINCOLN 94 622LPP Quinton Peek
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Quinton Peek, Quinton Peek
Signature of Claimant

Quinton Peek, Ton. Peek
(Print Claimant's Name)

3317 Bobbie Ln
Address

DEC GA 30032
(City, State and Zip Code)

770-740-2430 404-289-9846
(Work Number) (Home Number)

00-R-1765

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0447

Date: 10/19/00

Claimant /Victim QUINTON PEEK AND TONI PEEK

BY: (Atty) _____

Address: 3317 Bobby Lane, Decatur, Georgia 30032

Subrogation: _____ Claim for Property damage \$ _____ Bodily Injury \$ _____

Date of Notice: 07/07/99 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 06/16/99 Place: Bankhead Highway and North Grand

Department _____ Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimants allege that they sustained extensive damage to their vehicle when Quinton Peek hit a partially covered cut in the road on Bankhead Highway and North Grand. An investigation determined that United Water Services Atlanta performed work at the incident location. The original claim was sent to United Water Services Atlanta for resolution and claimants were paid in the amount of \$78.46, by Travelers Insurance Company on 08/30/00.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures X Diagrams _____ Reports: Police _____ Dept Report _____ Other X

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

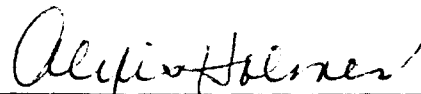
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,



INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 10-20-00

Committee Action: _____ Council Action _____